

FORGED ENDORSEMENT AFFIDAVIT

STO-CA-0034 (Rev. 4/04)

FOR TREASURER'S USE ONLY

Posted _____

C/B _____

INSTRUCTIONS

1. Prepare in triplicate. Forward all three copies to the address noted.
2. PRINT or TYPE all matter entered on this form.
3. All three copies are to be signed by affiant in ink.
4. Two disinterested parties must sign all three copies in ink unless Notarial Acknowledgement is made.
5. If Notarial Acknowledgement is made in lieu of witnesses, only one copy of this form need be notarized.

RETURN COMPLETED FORMS TO:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
IHSS/CMIPS UNIT
P.O. Box 700
Rancho Cordova, CA 95741-0700

1. DESCRIPTION OF WARRANT/CHECK

NAME OF PAYEE (PRINT OR TYPE)		NAME OF CO-PAYEE(S) IF ANY (PRINT OR TYPE)	
ADDRESS		DATE PAID BY STATE TREASURER	
SERIAL NUMBER	FUND/ACCOUNT NUMBER	AMOUNT	DATED

2. STATEMENT OF FACTS

I, THE UNDERSIGNED, DO HEREBY SET FORTH THE FOLLOWING FACTS IN CONNECTION WITH THE ABOVE DESCRIBED WARRANT OR CHECK:

THAT I am the owner of the above described item.

THAT the endorsement purporting to be my endorsement is a forgery and was not authorized or written for me, nor written at my direction.

THAT I have never ratified said endorsement.

THAT no part of the money paid on the item described above was received by me directly or indirectly or was applied to any use or purpose on my behalf.

THAT I am making this statement in order that the State Treasurer may effect reimbursement through the bank(s) which guaranteed the endorsement of the above described item.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

3. AFFIANT-CO-PAYEE(S) IF APPLICABLE (ALL THREE COPIES TO BE SIGNED)

AFFIANT'S NAME - FIRST, MIDDLE, LAST (PRINT OR TYPE)		CO-PAYEE(S) NAME(S) - FIRST, MIDDLE, LAST (PRINT OR TYPE)	
AFFIANT'S SIGNATURE (SIGN IN INK - REMAIN WITHIN BORDERS)		CO-PAYEE(S) SIGNATURE(S) (SIGN IN INK - REMAIN WITHIN BORDERS)	
ADDRESS (PRINT OR TYPE)		ADDRESS (PRINT OR TYPE)	
DATE	TELEPHONE ()	DATE	TELEPHONE ()

THIS AFFIDAVIT MUST BE EITHER WITNESSED (BY TWO DISINTERESTED PARTIES) OR NOTARIZED.

4. TWO WITNESSES (ALL THREE COPIES TO BE SIGNED)

WITNESS' NAME (PRINT OR TYPE)	SIGNATURE OF WITNESS (SIGN IN INK)		
ADDRESS	DATE		
WITNESS' NAME (PRINT OR TYPE)	SIGNATURE OF WITNESS (SIGN IN INK)		
ADDRESS	DATE		

5. NOTARIAL ACKNOWLEDGEMENT (ONLY ONE COPY NEED BE NOTARIZED)

STAMP	SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, YEAR _____
	NOTARY'S SIGNATURE
	ADDRESS